

CW+ / NHS
Charities Together
Digital Inclusion
Pilots Evaluation

Pilot 3: Hiyos Live
Channel

SEPT 2023



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1. Overview of the Hiyos Live Channel pilot

The Hiyos Channel pilot was led by the team at Hiyos GP practice, working with local partners to produce digital content to engage local communities in their health, particularly focusing on themes from the [2010 Marmot review of health inequalities](#) in England and the follow-on report published for its [10 year anniversary in 2020](#).

The Hiyos Live Channel pilot underwent a number of iterations in the first year of the project. The initial idea for the programme was to run a daily live channel featuring daily content on the three selected health equity themes of Environment, Education, and Employment. In practice, the end of lockdowns meant that the original daytime programming of the Live Channel did not lead to as much interest and engagement as expected. Hiyos explored different formats and times for running webinars, live Q&As, and engagement sessions. Consequently, the activities described in the original Year 1 logic model for the programme (Appendix A) have changed significantly. However, the webinar programme has maintained the desired outcome of providing work experience opportunities, and desired impact of improved education and employment opportunities for those involved.

Hiyos continues to develop and deliver digital health engagement content on a variety of topics, but for the purpose of the pilot evaluation we focused primarily on the Employment theme. This topic was chosen in collaboration with schools and in response to the high number of requests from local people who were struggling to get NHS work experience. An overview of the work experience webinar programme Hiyos developed is given in Figure 1 below. Further details of the intervention, including staff and resource needs can be found in Appendix A and details on our methodology can be found in Appendix B.

Aim of programme (from proposal)	Developing online informational content to address health inequalities in Hounslow
Organisations	Hiyos practice (lead); clinicians at some hospitals; local schools; practice patients (Patient Participation Group and Hiyos Helpers), Clinical Commissioning Group/Integrated Care System, Primary Care Networks (PCNs)
Participants	<ul style="list-style-type: none"> • 16-17-year-old high school students or people seeking employment in health system • People interested in volunteering • Adults thinking about a career change
Intervention	3-day work experience workshop based on Employment and Education themes from the Marmot report: TikTok and other social media used to reach participants, Eventbrite & Zoom used to host the events. Webinar speakers included a range of clinical and non-clinical roles e.g. surgeon, careers advisor, clinical pharmacist.

Figure 1 – Overview of Year 2 focus of Hiyos Live Channel – work experience webinar intervention



2. Activity and reach to date

Hiyos ran five 3-day work experience webinar programmes between July 2022 and May 2023. In total, the programmes had 3,054 sign-ups, with over 1,500 attendees (Figure 2). Initially, the main channel for driving webinar sign-ups was social media, but in more recent sessions, schools and “other” channels were more sizeable categories for how participants had heard about the webinars when signing up (See Appendix C, Figure 12). Hiyos also did engagement and outreach work with local schools and career fairs aimed at young people between year 8 and 13 (See Appendix A (iii) for details). Hiyos had success building relationships with school career advisors and recruiting [student ambassadors](#) from two local schools to engage with their peers and give feedback on the webinar design.

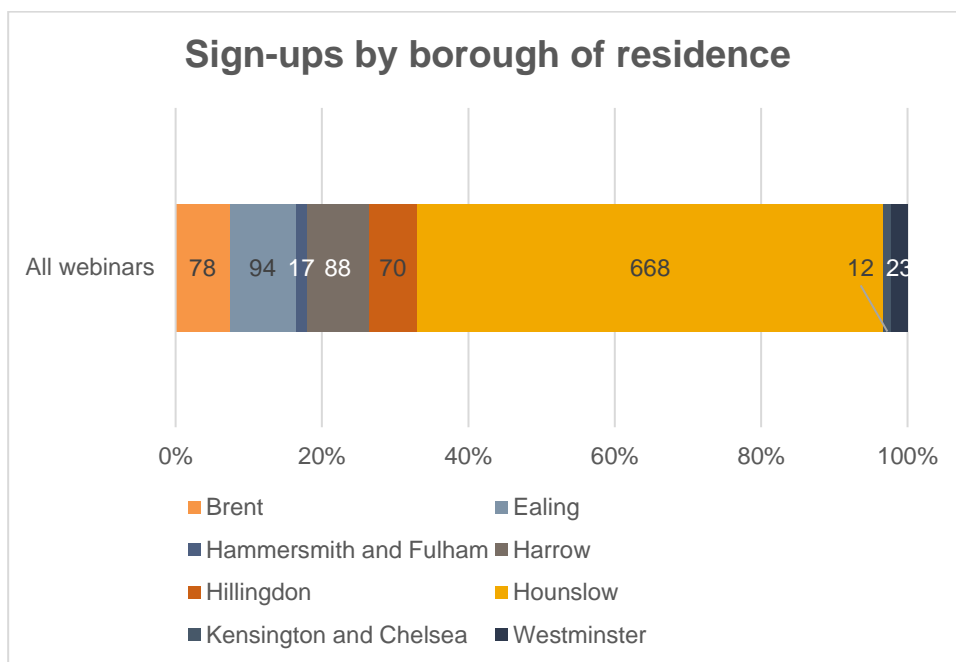


Figure 2 – Number of workshop registrations and attendees, and number of participants who completed feedback survey and work experience project

A large percent of those who signed up for a webinar programme were female (>80%) and under 18 (~50%) (See Figure 10 and Figure 11 in Appendix C). Most people signed up due to existing applications to study healthcare-related subjects at university (45%) or because they were unsure what to study (23%), with lower numbers actively looking for volunteering or work opportunities (14.5%) (Figure 12 in Appendix C).

Approximately 40% of sign-ups were from North West London (NWL), primarily Hounslow (Figure 3). However, sign-ups came from around the country, with non-NWL sign-ups coming primarily from other London boroughs (particularly east London), Birmingham, and Manchester (Figure 4).



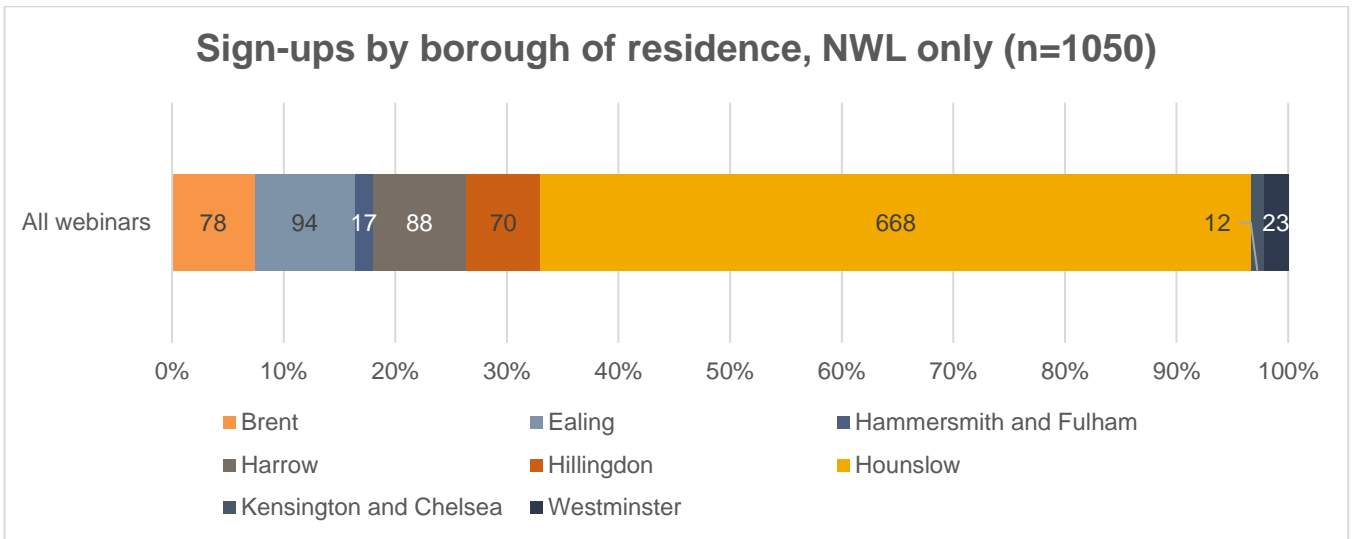


Figure 3 – Sign-ups by NWL borough of residence. Postcode was not collected for the July 2022 webinars.

Sign-ups for Hiyos webinars outside of North West London

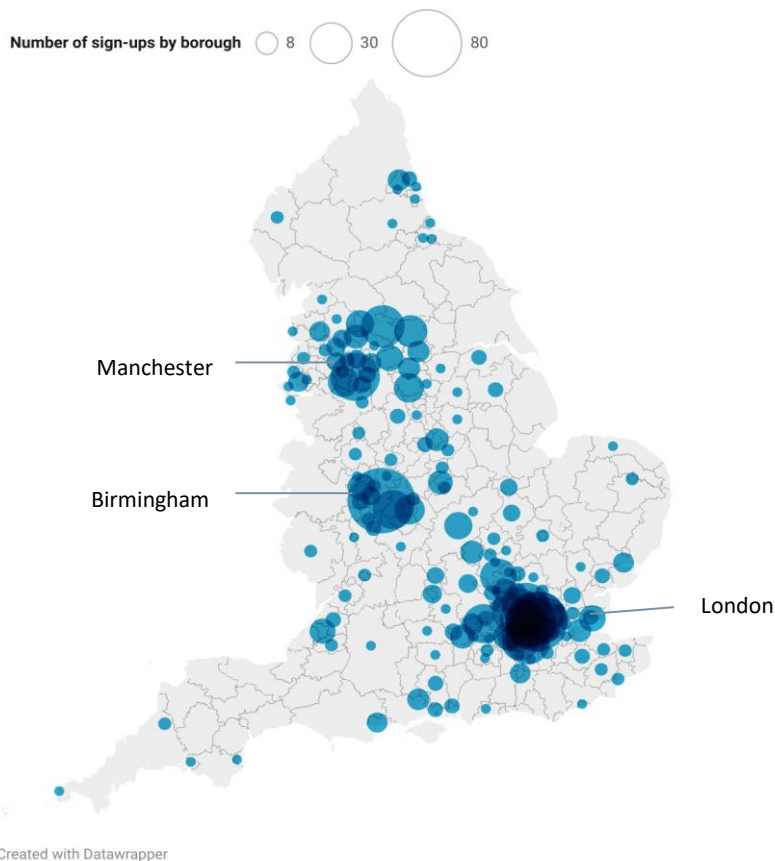


Figure 4 – Sign-ups for Hiyos webinars outside of NWL (n=1631). Postcode was not collected for the July 2022 webinars



Workshop sign-ups were overrepresented for people in the most deprived postcodes (Index of Multiple Deprivations; IMD 1-5) in England (Figure 5). We do not know, however, how many of those who signed up for webinars went on to attend.

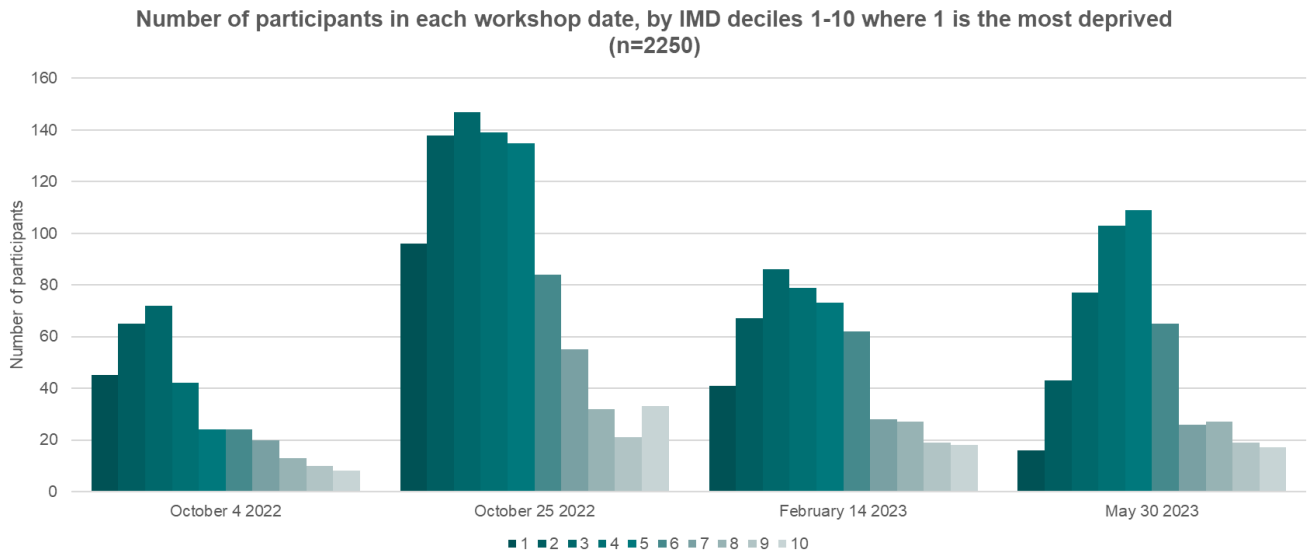


Figure 5 – IMD decile for the home postcode of webinar sign-ups

Ethnicity of participants was not collected at sign-up, but in post event-surveys, 83% of participants identified themselves as non-White, with Asian or Asian British (60%) and Black or Black British (18%) being the most common ethnicities (Figure 6). Also in post-event surveys, 37% of participants did not have English as a first language, compared to around 7% of the population in England and Wales overall (ONS 2021) (Figure 13, Appendix C).

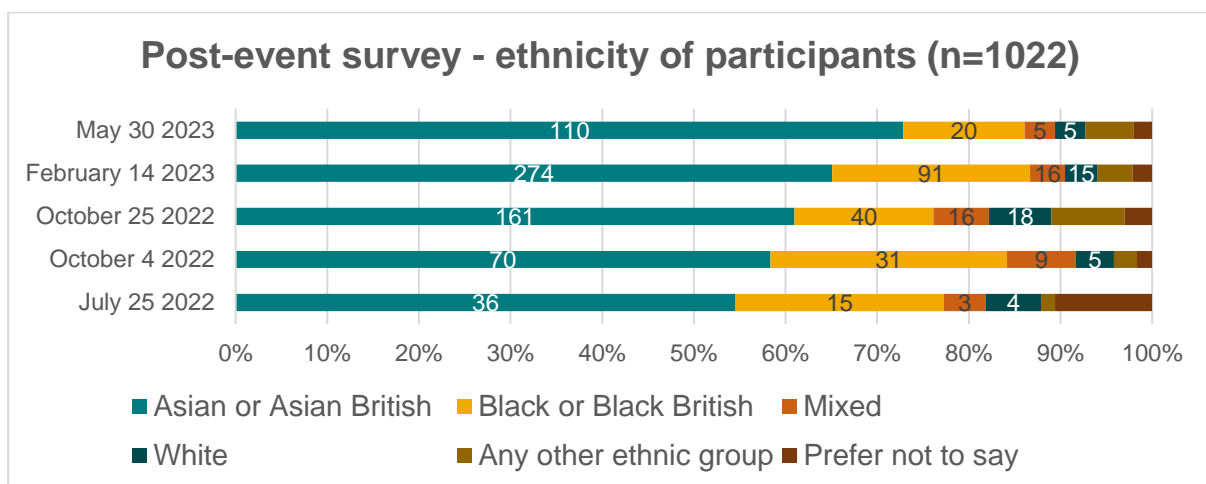


Figure 6 - Ethnicity of participants given at post-event surveys



3. Participant experiences of Hiyos Live Channel

Webinar participants overwhelmingly rated their experience of the Hiyos webinar programme as positive. In post-event surveys, ~70% of the participants thought the programme was “very good” and the remaining participants thought it was good (See Appendix C, Figure 14).

Participants’ open-text feedback on their experience following webinars (n=787) was also highly positive, with participants reporting that webinars were engaging, inspiring, and interactive.

The programme has been such a positive experience I've learnt so much I can take away and use to benefit me.

“Lots of good advice for when I start applying for medical school.”

“ **Very insightful, it helped me get a greater understanding about the different careers and jobs within the GP practice and the daily work life within different careers in the NHS. I feel I have garnered a lot of useful information from this course.** ”

Thematic analysis highlighted the following areas that participants found particularly rewarding:

Engaging hosts and speakers

“The whole programme had very communicative approach. The video and audio combined explanation really made me feel connected with what was being said. The host were so supportively answering the questions and it was overall a good experience.”

“Lots of good speakers from many different areas of medicine.”



Insight into the diversity of healthcare roles

“Range of fields that we were able to all get to know was extremely insightful and helpful, was also fascinating even if that was not the field I was initially interested in and helped enhance my knowledge of healthcare as a whole, further than just the typical ‘doctor’”

Direct engagement with healthcare professionals & hearing about their personal experiences

“I received real insight on the day-to-day experiences of GP doctors.”

“It was very good because I got to speak to different health professionals.”

A small minority of participants felt there was too much information in the three days. Future improvement that could address this include:

- Streamlining or reducing the content of the programme
- Breaking up content into additional days or sessions
- Including additional resources outside the programme so participants do not feel that they must take in all the content during the webinar

Hiyos has begun making improvements in these areas.



4. Improvement in confidence and interest on healthcare careers

A key desired impact of the Hiyos employment and education themes was improved education and employment opportunities. This was measured in two ways: at the end of each 3-day workshop, participants were asked some questions about their participation and their interest or intention to take actions related to health and care careers. Afterwards, recall surveys were sent to participants who consented 3-6 months after participation in a programme to check whether the programme had influenced them to take any steps toward a desired health and care sector career.

At the end of the workshops, most participants reported they felt more confident managing their career as a result of attending the session (35% Strongly agree, 57% Agree) (Figure 7).

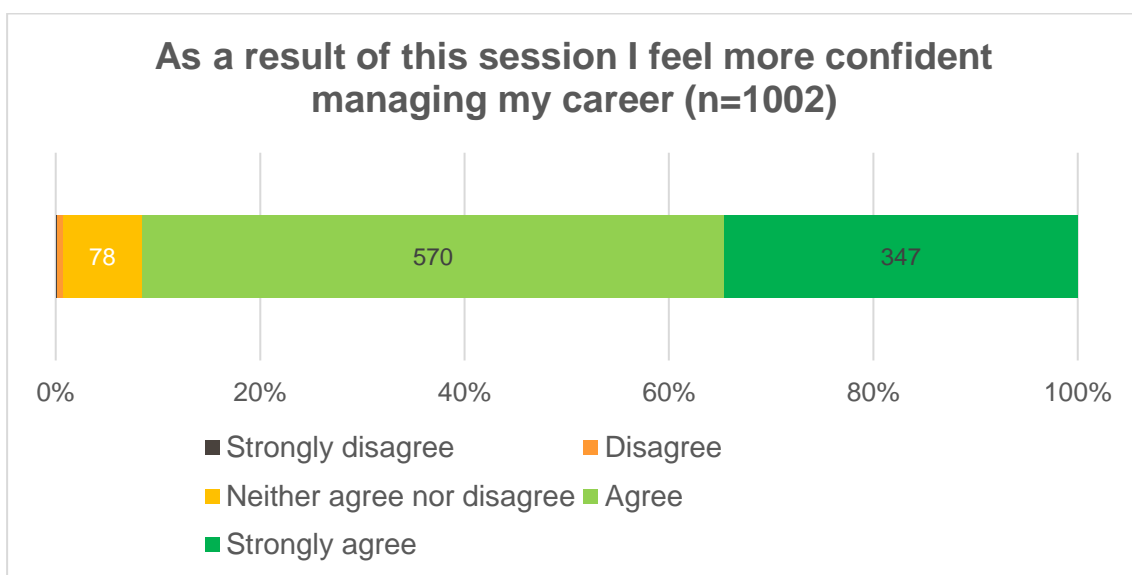


Figure 7 - Confidence in managing career following Hiyos webinar programme

At the end of their webinar session, around half of the participants reported at the end of the session that they had recently taken steps to take up a career in health and care, which is consistent with the values in the sign-up survey that mentioned about half had already applied for healthcare-related studies (see Appendix C, Figure 12 [sign-up] and Figure 15 [post session]).

Similarly, 50-60% of participants reported how the programme impacted on their motivation to an extent while their main motivation came from elsewhere (Figure 8). However, the programme also seemed to lead a significant number of young people to consider careers in health care: 330 (35.8%) said that “this programme had been their main motivation to consider a career in health and care” and 374 (40.5%) said they had not yet taken any steps to take up such a career, but they planned to shortly (Appendix C, Figure 15).



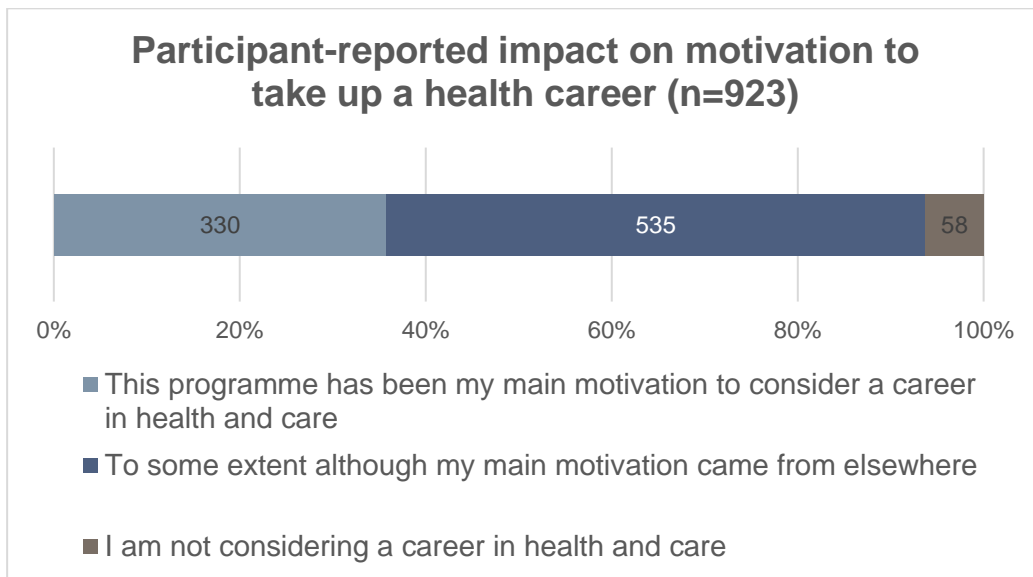


Figure 8 - Participant-reported impact on motivation to take up a health career from having attending a Hiyos webinar

5. Taking action on health and care careers

A follow-up survey was sent to participants who agreed to be contacted again, to check if they had taken any further actions on healthcare careers. The aim of this was to understand if they had gone beyond listening to the information and planning to act on it to actually doing something differently. While we cannot link results between these surveys and only 57 people responded, most of them had taken some actions – most commonly researching job roles further, writing or updating their CVs and 19 of them had applied for specific internships or work experience (Figure 16 in Appendix C).

In these follow-up surveys, participants were also asked: “Can you write a sentence or two to explain how the Hiyos work experience programme has contributed to the actions you’ve taken to advance your career?” Of the respondents to this question (n=51), many continued to express the impact of the programme as the new insight they had gained into the variety of roles in the health and care. Some participants also shared specific actions they had taken or learnings that were driven by the webinar sessions.

It has helped decide my A level options and I have decided on optometry in the future!!

“Well the work experience allowed for further [insight] to many of the career opportunities available in the NHS. One or two of the roles discussed caught my attention so I further researched into it, to find out a bit more.”



“ Work experience from Hiyos has helped me write my personal statement for university and it has also educated me about the different roles within healthcare as well as the importance of working in multidisciplinary team to provide the best quality of care for patients. ”

6. Pilot delivery and sustainability

6.1. Costs and resources needed to deliver Hiyos Live Channel

Each of the pilots supported by this grant received approximately £300,000. In the case of Hiyos Live Channel, the exact amount secured was £315,275. A breakdown of the programme expenditure is shown below. This is not the same as for the other two pilots – for the other pilots we have shown the budget since there was a greater alignment between the budget and the (planned and actual) expenditure, and we felt like showing the budget for the entire pilot would be more representative of the totality of costs incurred. In the case of Hiyos Live Channel given the greater divergence in pilot activities compared to the original plan of providing live content 5 days a week, showing actual expenditure seemed more relevant.

The costs to deliver the Hiyos Live Channel pilot are shown in Table 1. An estimated 30% of costs were related to central management of the pilot (clinical leadership and project management) while the other 70% were related to staff and equipment needed to deliver the workshops and related promotion activity on social media. Within software, the largest cost was related to acquiring the license for the Sprinklr software (£30,000), which is a customer experience management software used for “social listening”, i.e. to understand what social media users care about.

Using the number of maximum daily attendees shown in Figure 2 (n=1547), the approximate cost per 3-day workshop participant is £203.80.

	TOTAL (costs, £)	% of total	Type of cost
Staff	238,473.11	76%	
Clinical Lead (GP)	45,000.00	14%	Central management
Project manager	49,416.07	16%	Central management
Content management	77,364.49	25%	Direct delivery
Social Media Manager	26,848.00	9%	Direct delivery
Technical Support	20,158.41	6%	Direct delivery
Graphic Designer	9,843.07	3%	Direct delivery
Video Editor	9,843.07	3%	Direct delivery
Equipment	76,801.65	24%	Direct delivery
Hardware	10,098.95	3%	
Software	66,702.70	21%	
TOTAL	315,274.76	100%	
<i>Subtotal - Central management</i>	<i>94,416.07</i>	<i>30%</i>	
<i>Subtotal - Direct delivery</i>	<i>220,858.69</i>	<i>70%</i>	

Notes: Costs cover period from January 2021 to June 2023. Assumed that clinical lead and project manager roles corresponded to central management costs and everything else (staff or equipment) was dedicated to direct delivery (content production, hosting sessions)

Table 1 - Hiyos Live Channel delivery costs

6.2. Enablers and barriers to delivery and sustainability

Interview reflections from the core Hiyos work experience webinar delivery team (n=2) highlighted the following enablers and barriers to successful delivery in Year 2, as well as enablers for sustainability going forward.

What went well

- Getting the structure right: the project iterated from their initial ideas to develop the current webinar format, particularly learning how to engage with local schools over time. New webinar sessions have been timed to fit within school holidays, and sessions within the 3-day programme are short and engaging.
- Successfully reaching diverse populations in NWL as well as further afield.
- Personal contact: The direct personal stories shared by NHS staff participating in the webinars were very well received by participants.



“ A lot of things about [health and care] qualifications you can find on the internet, but people want personal stories, daily lives. People are really engaged when clinicians and admin staff talk about something specific – e.g. healthcare assistant talking about ECGs, or someone talking about immunization. ”

- Using the practice’s existing strengths and network to develop the webinar content: at first the project wanted to cover additional topics along with employment (e.g. environment) but this worked less well as it was outside of Hiyos’ expertise

“ Initially we wanted to involve a lot of hospital consultants – that took a lot of work, but then we found there’s a lot of people within the practice who are happy to share things, within the PCN. [We worked on] Building those links, using what we already know. ”

Challenges

- **Spread to other GPs:** Have not yet developed a compelling narrative to spread this type of work to other practices, despite feeling strongly that investing in the programme has made staff happier and reduced demand.
- **Diversity of participants:** Balancing webinars that appeal to wide audiences to ones that might better meet the learning needs of particular cohorts (e.g. medical students, people wanting to change careers to healthcare or volunteer). The webinars have also attracted primarily female participants to date.

Enablers for sustainability

- **Streamlining delivery:** Having developed a template for running the webinars to reduce the effort of running them each time. In future will also be testing a mix of live, in-person, and asynchronous content to reduce the admin burden of running sessions. With less resource now being needed to run the work experience programme, Hiyos will now be focusing on topics such as mental health, asthma, diabetes, and sexual health.
- **Staff ownership of programme:** Staff investment in delivering the programme: practice staff across all roles are involved in developing and supporting Hiyos’ outreach work. It was also necessary to have multiple staff delivering the webinar programme (i.e. having two hosts because of energy needed and coverage for regular practice work).

Appendices

A. Logic Model and intervention description

(i) Hiyos Live Channel original logic model

Inputs	Activities	Outputs	Outcomes – digital inclusion	Outcomes – health, wellbeing & other	Impact
Funding Staff resource incl.: <ul style="list-style-type: none"> Video and webinar content contributors and platform management from practice Apprentices and media managers Practice staff time and admin support Other inputs: <ul style="list-style-type: none"> Partnerships Research expertise and input IT / tech / platforms 	Activity stream 1: social media Develop and publish content on social media (young people, employment, environment) Responding to questions / comments on social media Activity stream 2: Live Channel Develop and host regular webinar content every weekday: Monday – Places and Spaces (environment) Tuesday – flexible Wednesday – Employment Thursday – flexible Friday – Families and Young People Live events on social media platforms and Eventbrite	# hours/pieces of video and interactive content per day/week/month # and quality of social media engagements (e.g. sentiment analysis) Demographics of social media engagement # of sessions delivered # of attendees and attendee satisfaction # of participants who use the internet to access regular activities or socialising (cohort)	Patients can access online and offline health information, socialising opportunities and activities Patients have improved awareness of health and community services available	Patients retain health knowledge/information and have greater confidence to manage their health ↓ Patients take action on health information they received ↓ Changes in access to healthcare services (e.g. appointments, online prescription referrals) Creation of jobs and work experience placements Building a positive relationship between health and social care providers and patients ↓ Improved staff motivation, recruitment, retention	Improvement in patient physical, mental and social health and wellbeing Addressing social determinants of health, e.g. Improved education and employment opportunities for apprentices involved

(ii) Detail of Hiyos employment webinar intervention

Category	Description
How - Describe the modes of delivery (such as face to face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group	Online webinars via Zoom and TikTok
Where - type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features	All online
When and How Much - number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity, or dose	Programme was run five times 3-day programme Usually scheduled to fall during school holidays for best attendance
What - Materials - any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers	Social listening software Microphones Digital camera Lighting
What - Procedures Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities	Consulted with multiple local partners when writing the bids/deciding priorities (Hounslow public health, patient engagement lead, CG patient rep, sexual health consultant, cardiologist, royal horticultural society) Set up privacy policies and data protection protocols Webinars delivered based on health inequality theme (from Marmot report). <ul style="list-style-type: none"> 'Day in the life' style sessions with NHS staff across a range of clinical and non-clinical roles Interactive quizzes Blog and social media assignments for participants Social media scheduling Clear content strategy Graphic design Data analysis to understand reach of online content Issuing certificates as part of programme completion
Who - For each category of intervention provider (such as psychologist, nursing assistant), describe their expertise, background, and any specific training given	Project manager a lot of coordination required Content producer (apprentice) and staff with social media background A good combination of social media skills, marketing and ability to generate interesting content Practice managers GPs



(iii) Hiyos school and career fair outreach

Date	Event	Description
21 st June 2023	- NHS careers Fair – London Borough of Hounslow	For young people and adults in Hounslow. People walked around the exhibitors freely. We answered any questions about different roles within the NHS and promoted work experience and career opportunities.
18 th Oct 2022	Heston Community School Careers Fair	400 students and some parents, ranging from year 8 to year 13 (12-18 years). Students walked around the exhibitors freely, asking questions and gaining an understanding about the NHS and the opportunities available.
21 st Feb 2022	The Healthland School Visit	10 tutor groups in year 9 rotated in pairs. We presented different roles within the NHS to 50 pupils in each of the 5 groups and answered questions.
30 th April 2021	Kingsley Academy	Speaking to year 9 students (121) about day to day life in a GP practice.



B. Methodology

This evaluation was conducted in 3 main stages:

- A discovery stage in 2021-early 2022, in which we co-designed logic models for each of the pilots with pilot teams, and compiled outcome frameworks for each pilot
- A data collection stage, where we supported teams to design and implement data collection tools and gather data for the evaluation
- A reporting stage, where we analysed and summarised all data from the evaluation

This final evaluation report was preceded by an interim evaluation which was primarily a process evaluation, capturing key learnings from pilot delivery and outlining recommendations for improvement.

Information for this final evaluation was collected in the following ways:

1. Survey data

Data for each programme was collected via several surveys, and the appropriate data sharing agreements were put in place so that data could be shared with Imperial College Health Partners (IChP). In the case of Hiyos Live Channel, data collection was anonymous and only one of the surveys completed was compulsory (registration form). The 3 surveys were done as follows:

- Sign-up survey – mandatory completion when participants signed up for the work experience workshop
- Post workshop satisfaction survey – optional completion at the end of the workshop; link shared at the end of the 3rd day of the workshop and also circulated via email to attendees
- Recall survey – participants were asked in the post-webinar form if they consented to be contacted back in a few months. Those who replied “yes” were sent a form to fill in 3 months after programme completion. The aim of this survey was to understand if workshop participants had acted on information learned during the workshop.

The number of responses / participants at the end of June 2023 are shown below.

For Hiyos, data from three types of forms or surveys was received:

	July 26 th ,27 th ,28 th	Oct 4 th ,5 th , 6 th	Oct 25 th , 26 th , 27 th	Feb 14 th , 15 th , 16 th	May 30 th , 31 st , Jun 1 st	TOTAL
Pre-workshop sign-up survey	N=270	N=350	N=946	N=914	N=550	N=3030
Post workshop satisfaction survey	N=66	N=154	N=283	N=395	N=159	N=1057
Recall survey	Recall 1 (for Workshops 1- 3): N=40			17	N/A*	57

* Not completed as the 3-month follow-up for the June 1st workshop happened after the data collection cut-off for the evaluation

Some participants may have chosen not to answer specific questions, so the total number of responses for a given question may not match the totals above.

Postcodes were matched to Index of Multiple Deprivation deciles using the following tool: <https://imd-by-postcode.opendatacommunities.org/imd/2019>. Data was then analysed to understand the proportion of sign-ups from each IMD decile.

Thematic analysis was conducted on key open-text fields to identify the main themes mentioned by participants on targets set or satisfaction with the pilots.

2. Semi-structured interviews

We carried out brief semi-structured interviews online with key stakeholders between June-July 2023 including:

- Project delivery teams
- Delivery partners (voluntary organisations)

The aim of these interviews was to capture any main changes to project delivery in the past year and understand how the teams are preparing for project sustainability. For Hiyos, we conducted two interviews with the leads on delivery of the programme within the practice.

Interview findings were analysed using thematic analysis.

Key limitations of this study

This study had several limitations. First, the design used was a before-and-after design. This is one of the weaker types of evaluation design since it does not include a control group: without a control group we cannot conclusively attribute changes seen in the study period to the pilot itself. For example, where there is a change in e.g. interest in NHS careers we cannot say if that change was due to being supported by Hiyos.

In the case of Hiyos Live Channel, we could only collect anonymised data. The reason for that is that most young people attending the workshops were not patients of the practice and therefore the rationale to collate any sort of identifiable information and attribute a pseudonym was more difficult to establish than for other pilots. This prevents us from making informed conclusions on which of those who signed up attended the sessions and which of those completed the projects and filled in the recall survey. It also does not allow us to assess if there was selection bias in terms of people with different characteristics having different rates of attendance and engagement. We can also not assess changes in outcomes for specific individuals before and after attending the workshops.

A final limitation for Hiyos Live Channel was the level of iteration and change during pilot delivery. Hiyos Live Channel started with the aim of providing content 5 days a week for shielding practice patients and ended up doing 3-day workshops for school age children on NHS careers. The change in focus meant that some of the original outcome areas in the logic model were no longer relevant. The fast pace of iteration also meant that the evaluation team did not have a chance to input into the initial version of surveys being rolled out, resulting in some inconsistencies in data reporting in the first few workshops and data gaps in the current report. This also meant that when the team tried new delivery methods (e.g. ad-hoc sessions instead of a 3-day format) we could not do any data collection on how those sessions went; they are therefore excluded from the report.

C. Additional data charts

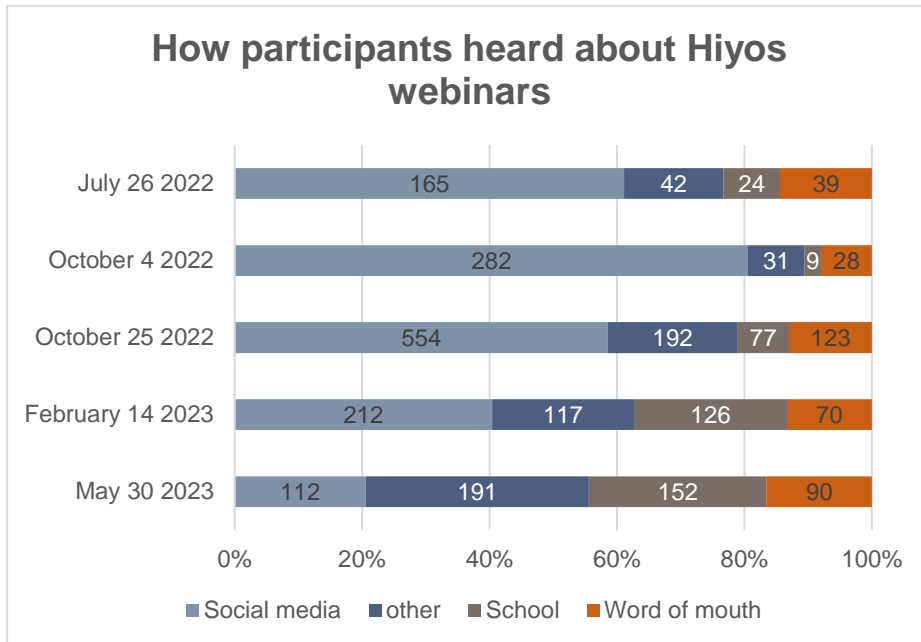


Figure 9 - Webinar registrations by channel

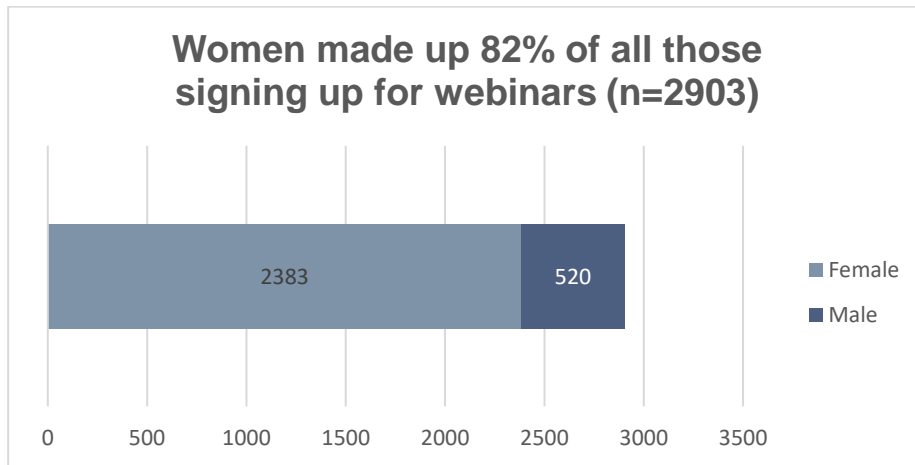


Figure 10 - Sign-ups by gender across all 5 Hiyos work experience webinars



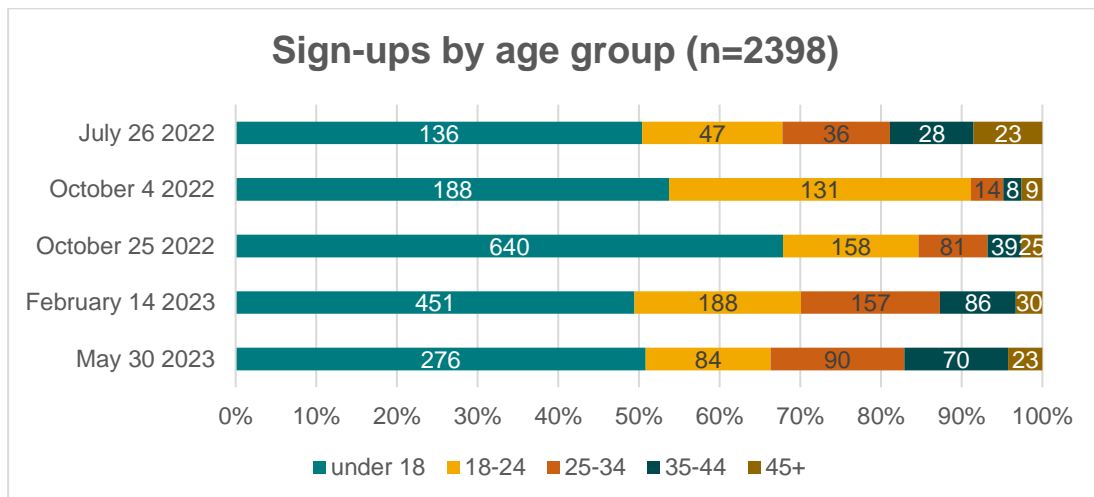


Figure 11 - Webinar sign-ups by age group

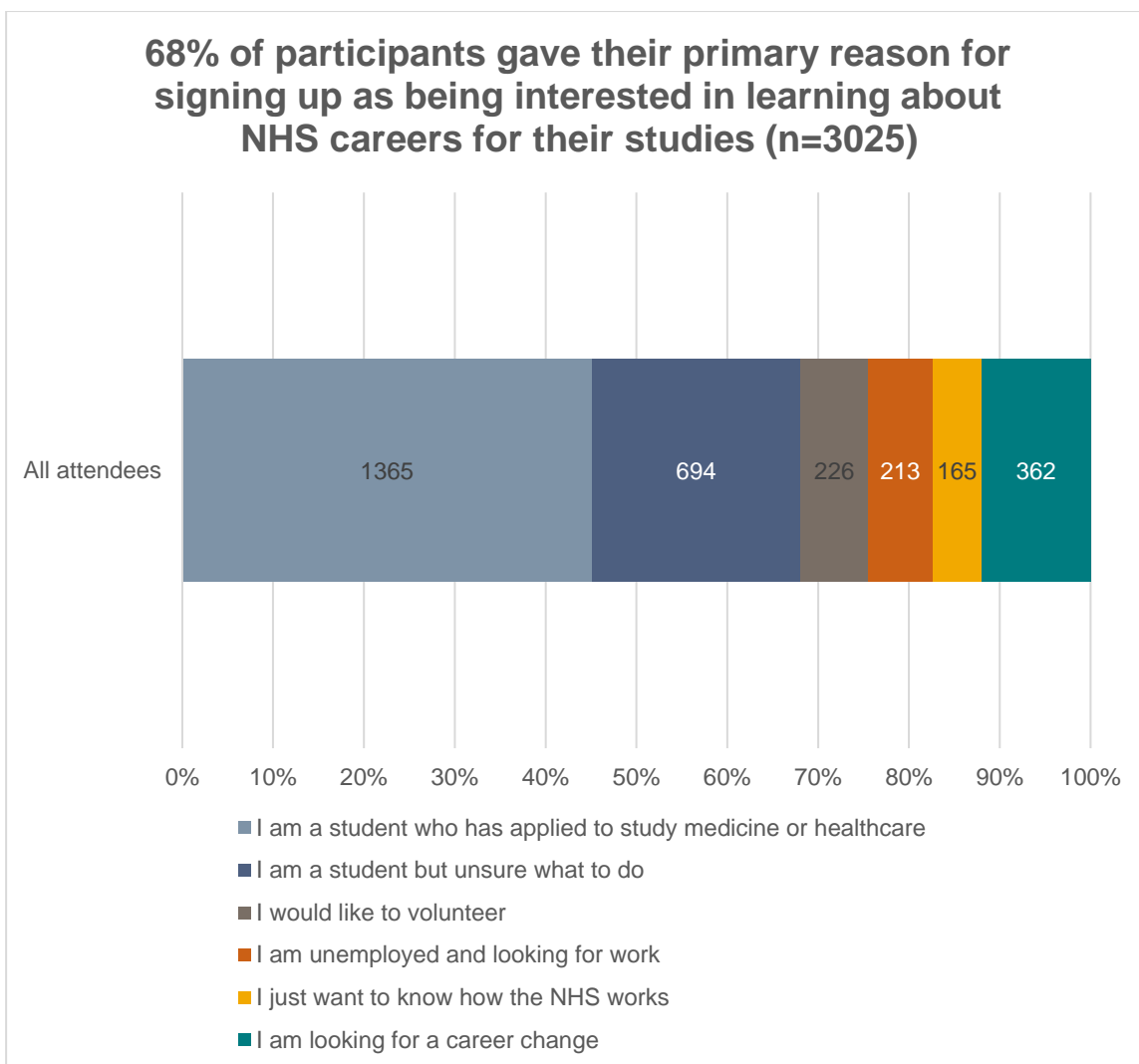


Figure 12 - Participants' primary reason for signing up for the Hiyos webinar programme



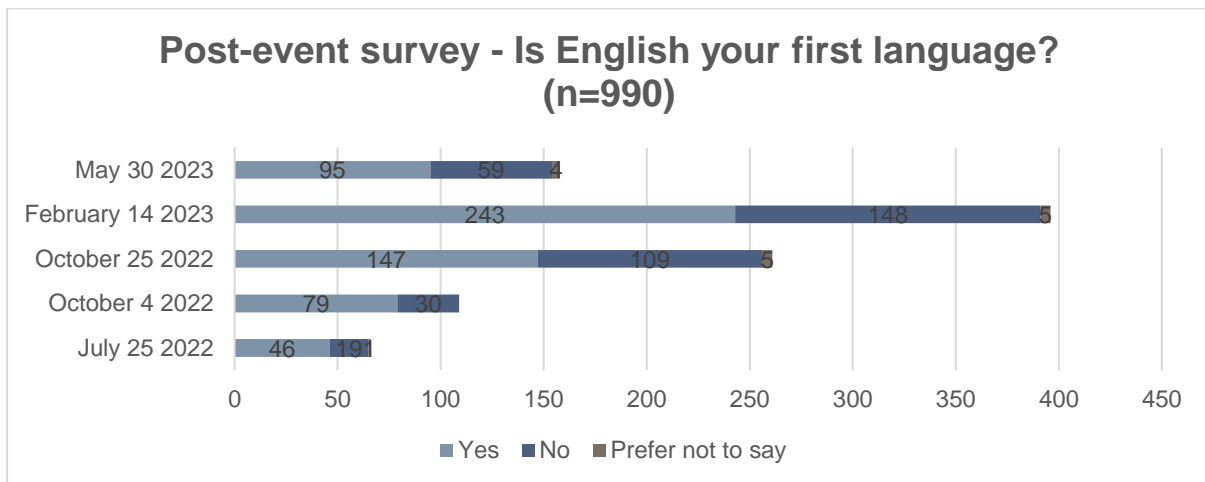


Figure 13 - Whether English was a first language for participants (post-event survey)

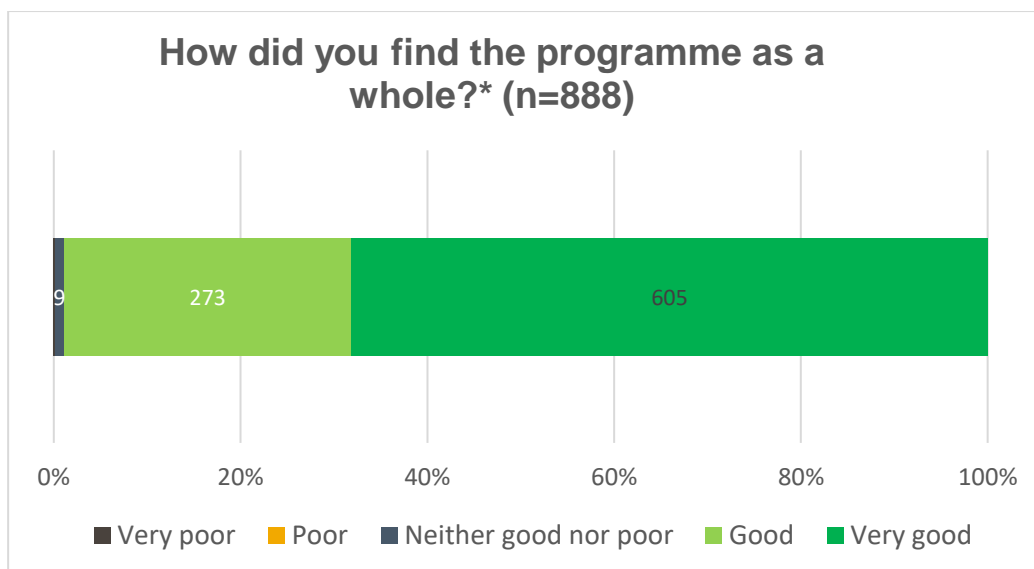


Figure 14 - Post-event participant rating of their experience of the webinar programme.
*This question was not asked in the second webinar (4 October 2022)



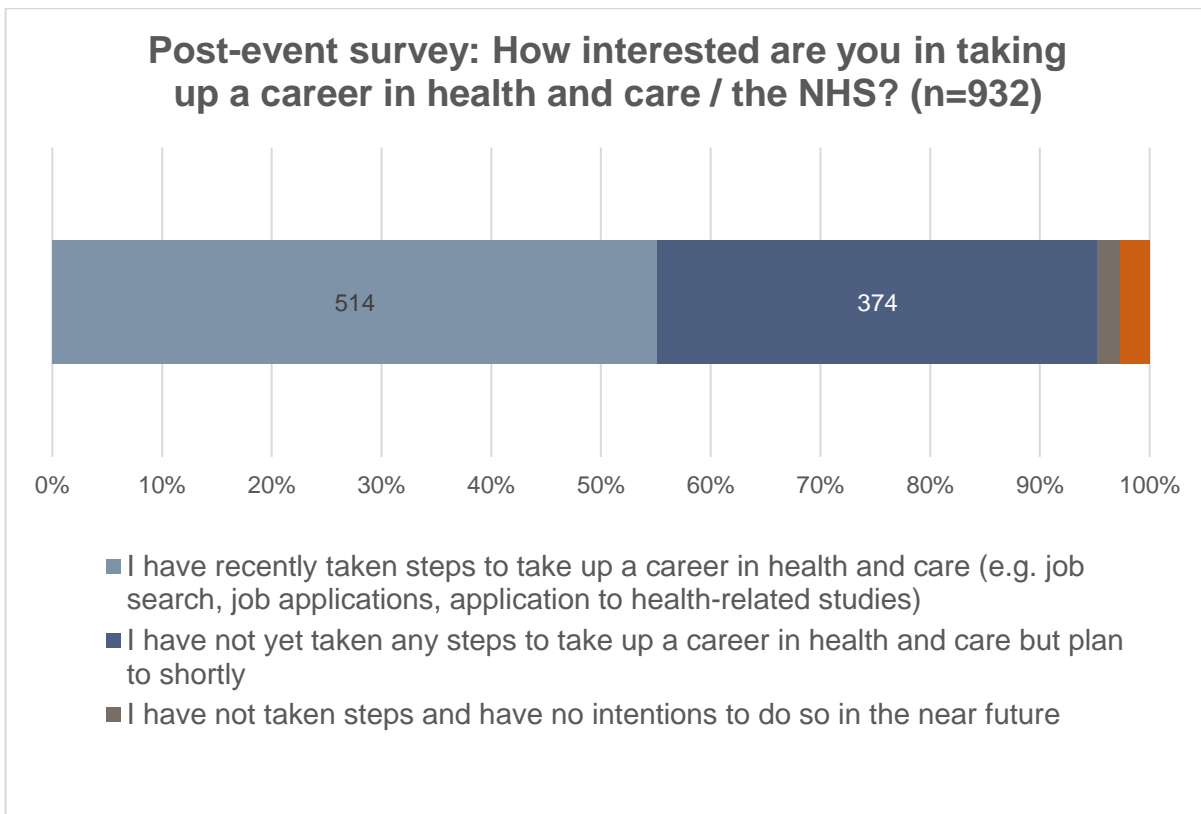


Figure 15 - Interest in taking up a career in health and care / the NHS (post-event survey)

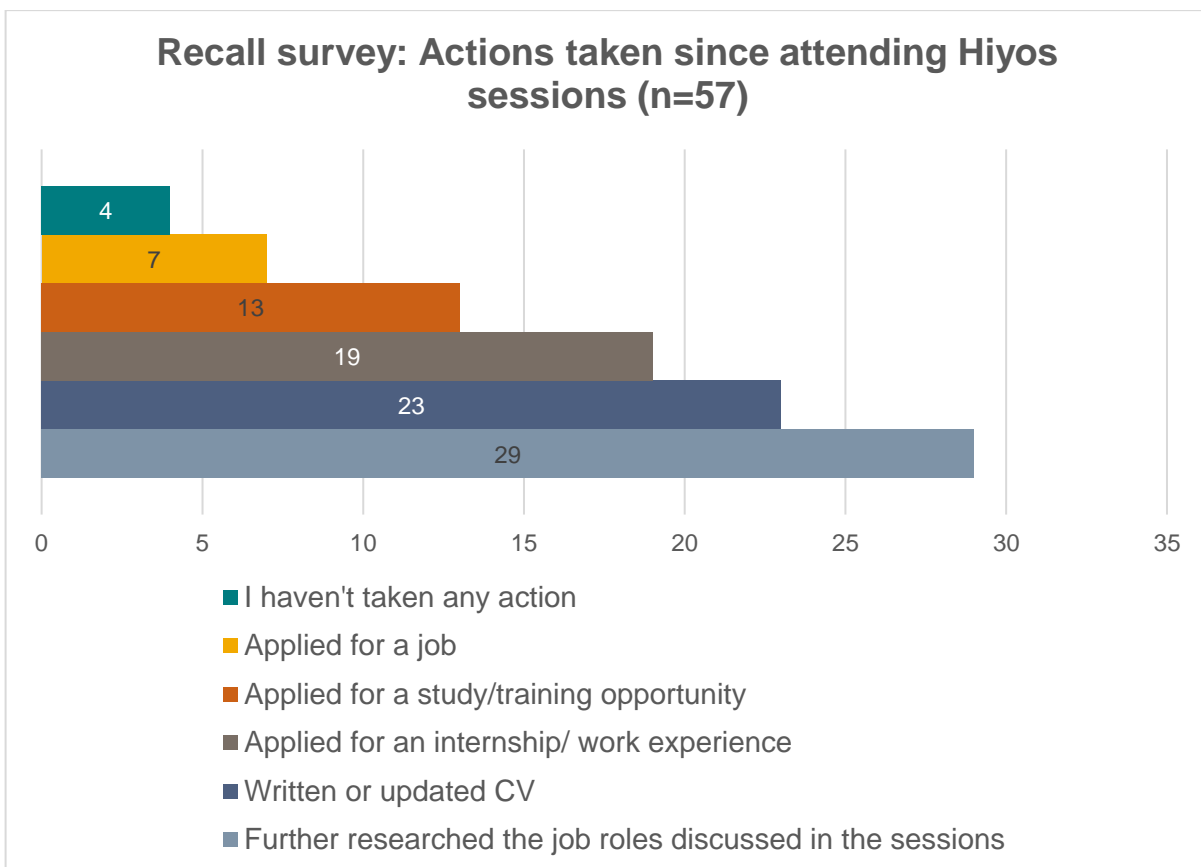


Figure 16 - Recall survey: Actions taken since attending Hiyos sessions. The number of actions selected is higher than the number of respondents because respondents were able to select more than one action.

